

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/127753
APPLICANT(S)

FILING DATE

8/3/98

CLAIMS

	AS FILED		A AFTER 1st AMENDMENT		B AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	22		22		22		TOTAL DEP.						
TOTAL CLAIMS	24		24		24		TOTAL CLAIMS						